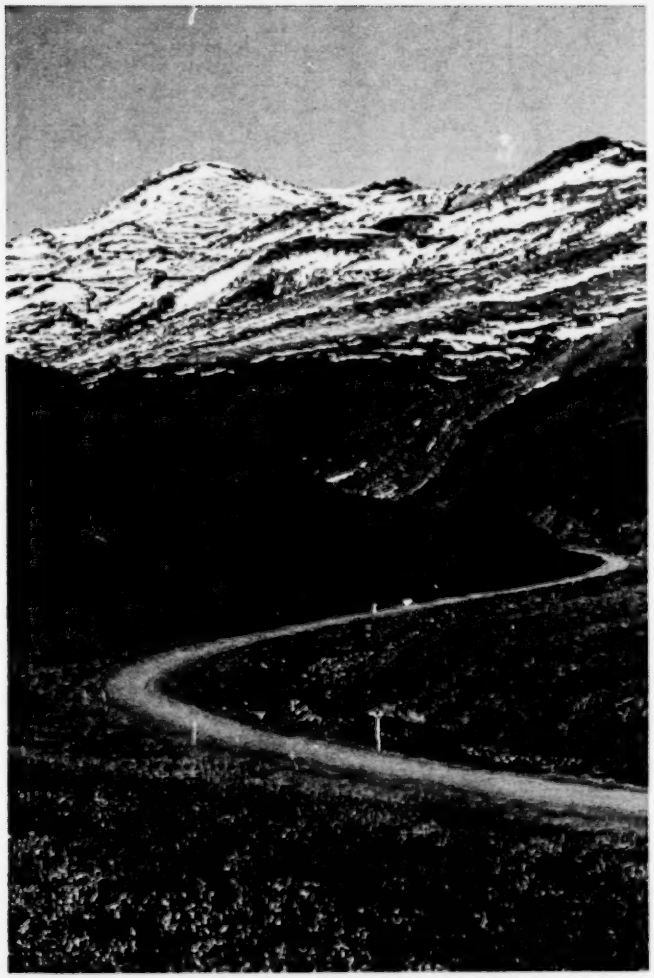
Northwest Territories
Health and Social Services

Action Plan
2006 – 2010

August 2006



Early in 2002, the Minister of Health and Social Services approved the *Action Plan 2002 – 2005*. That plan described actions on a number of fronts, all directed toward improving the NWT health and social services system: improved services to people; increased supports to staff and trustees; development of an integrated service delivery model; and improvements in system-wide management and accountability. Those actions are now either completed or ongoing.

In 2005 the Department and the Health and Social Service Authorities undertook to update the system-wide strategic plan, which resulted in the development of *Shaping Our Future, 2006 – 2010*. That document lays out the high-level strategies that will be undertaken in the coming years. This current Action Plan details the specific actions that will be undertaken by the NWT health and social services system over the next five years in order to move forward with our updated strategic plan.

The development of the Integrated Service Delivery Model (ISDM) was one of the major accomplishments of the previous Action Plan, and forms the foundation for Shaping Our Future 2006 – 2010. Consequently, the initiatives that are detailed in this current Action Plan are organized around the six core services of the ISDM, along with the addition of actions that support improved management and accountability for the delivery of health and social services to the people of the Northwest Territories.

Action	Issue	Deliverables	Timeline	Accountability
1. Promotion and Prevention Services				
1.1 Improve the health of citizens and support healthy personal choices:	The long-term sustainability of the NWT health care system is seriously threatened by the fact that the majority of chronic diseases, such as cancers, dental diseases, diabetes, cardiovascular deficiencies, and disabilities that in certain cases are the result of unhealthy lifestyles and high-risk behaviours, which could be prevented. Through the Healthy Choices Framework, Ministers of the social programs departments have committed to a collaborative and coordinated approach to health promotion and are leading the development of interdepartmental action plans to address unhealthy behaviours.	Stable funding, equivalent to 1% of the department's base, will be allocated annually to sustain coordinated social marketing initiatives supporting the GNWT Healthy Choices Framework. **A) Tobacco Strategy** Butthead social marketing campaign focused on 8 – 14 year old smoke free commitments Proclamation and implementation of the Tobacco Control Act Evaluation of the first five years of the Tobacco Action Plan Renewal of the Tobacco Strategy (2007-2012) based on the evaluation results	2007/08, ongoing Annual event through 2010/11 October 2007 Report available in May 2007 Cabinet approval by September 2007	Department PH PH PH PH

Action	Issue	Deliverables	Timeline	Accountability
		B) Healthy Eating and Active Living Strategy		
		Healthy Eating Social Marketing Strategy	Beginning in 2006 and continuing to 2010	**PH** Authorities
		"Drop the Pop" promotion linked to Dental Health Promotion Strategy -	Annual event to 2010	PH
		Work with ECE to develop healthy food choice policies in all NWT schools	September 2007, ongoing	PH
		Healthy Foods in Facilities Directive – implement the healthy food choices policy in all HSS workplaces and facilities	September 2006, ongoing	**PH** Authorities
		Get Active Challenge	(see Section 2.4)	PH support to MACA lead
		(C) Injury Prevention		
		Territorial Strategy on Injury Prevention ready for Cabinet approval		
		(D) TB Action Plan	October 2006	PH
		Update the TB Manual for health care providers	March 2007	PH
		Final report on results of the TB Action Plan		

Action	Issue	Deliverables	Timeline	Accountability
		(E) STI Strategy Pilot program for social marketing (in the Tlicho) Territory-wide social marketing based on outcomes from the Tlicho Increased youth awareness documented by an evaluation Audit of all STI programs in all regions	March 2010 March 2007 September 2007 through 2010 March 2008 March 2007	PH **PH** TCSA PH **Authorities** PH **PH** Authorities
1.2 Revitalize the system wide oral health promotion program by working with the Federal Government to improve dental health services across the NWT. This will include a greater emphasis on dental health promotion and more regular treatment services.	Many regions do not have dental therapists, and as a result many children are suffering from poor oral health.	Reestablishing the community-based network of dental therapists, increasing the volume of community dental visits and regulating the dental surgery plan Prepare Joint Federal /Territorial Proposal Implement phase 1 of program improvements Implement phase 2 of program improvements	Sept 2007 April 2008 April 2009	**HSA** TIS, PH, CFS **TIS** **Authorities**, HSA **TIS** **Authorities**, HSA

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2. Protection Services				
2.1 Improve public health capacity and delivery of public health programs.	The NWT has high rates of preventable illness, which places a high burden on and threatens the sustainability of health care services.			
(a) Pandemic and health emergency preparedness.	Plans are needed at the Department, Authority and community levels to prepare for a pandemic influenza outbreak.	Pandemic plans developed at department, authority and community levels	March 2007	**PH** Authorities MACA, CGs PLC
(b) Implementation of regional public health units in accordance with ISDM.	Further prevention for the introduction and/ or spread of infectious diseases.	Public health units established in the Deh Cho, Sahtu and Tlicho regions.	March 2007	**Authorities** PH
(c) Enhancing effectiveness and filling gaps at the community level.		Adding CHR positions where there are none.	April 2009	**PH** Authorities
		Integrating public health service delivery within primary care teams	April 2010	PH **Authorities**
(d) Filling capacity gaps at the territorial level.		Additional EHO position	April 2007	PH
		Mammography screening managed as a territorial program with equal access for all NWT women.	September 2007	PH

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		Colorectal cancer screening program – Beaufort Delta pilot Evaluation Business Plan proposal	 October 2006 December 2008 May 2009	PH BDHSSA
(e) Modernizing the Public Health Act.		New Public Health Act – 1st and 2nd Reading 3rd Reading Regulations	Winter 2007 June 2007 April 2008	PH **PLC**
(f) Implement the NWT Drinking Water Strategy, in cooperation with other government departments and community governments.	Safe drinking water requires a multi-barrier approach, including: -Keeping NWT water clean -Making drinking water safe -Proving drinking water is safe	Centralized tracking and monitoring system for source water quality Annual reporting, beginning in 2006	2006 2006	**PWS** MACA ENR **PH** Authorities
2.2 Implement Child and Family Services improvements.	Amend the Act to ensure that children in need of protection receive timely review by the courts and provide the legislative authority to allow improved services for children between the ages of 16-18.	Amendments to Child and Family Services Act – 1st and 2nd Reading 3rd Reading	February 2007 June 2007	**CFS** PLC
	Update standards for practice for Child Protection Workers.	Revised standards manual for workers	June 2007	**CFS** Authorities
	Develop program options to allow for children and adults	RFP/Contract award and services in place for 5 –	RFP awarded by September 2006	CFS

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	to be repatriated from southern care.	10 youth		
	Rationalize foster care rates system wide.	Proposal to FMB June 2007 New rate structure	June 2007 April 2008	CFS
	Develop a more consistent approach for supporting adoptions of special needs children.	Policy/Program guidelines to allow for the adoption of more special needs children	March 2007	CFS
2.3 Continue to coordinate services to address emerging needs in collaboration with the Social Envelope Departments: (a) With the Housing Corporation, Implement support programs for the homeless;	To ensure that individuals / families who cannot access private or government subsidized housing, are provided with shelter and other basic supports.	Homelessness Framework developed in consultation with Social Envelope departments Adequate supports for NGO agencies providing services to the homeless identified	May 2006 June 2006 (Business plan for 2007-10)	**PLC** ECE NTHC PLC
(b) With ECE, advance school programs for healthy lifestyle choices;	There is a need for early intervention for preventable diseases and poor educational and health outcomes due to socio-economic issues.	Updated school healthy living components for prevention strategies in they healthy choices priority areas. Adoption of the health promotion school model - Policies to increase school physical activity programs Healthy school food policies adopted by all school boards	 Sept 2009 Sept 2008	PH

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(c) With Justice, continue with collaborative efforts to support individuals found not criminally responsible.	Need to ensure that these individuals are appropriately placed when the Courts determine that they are not criminally responsible.	Collaboration agreement on referral mechanisms and placement locations are secured and client management processes are developed	September 2009	TIS
3. Diagnostic and Curative Services				
3.1 (a)Expand use of Nurse Practitioners in every health center, clinic and emergency room. (b)Expand use of Midwives in primary care teams in all regions.	Expanded numbers of Nurse Practitioners and Midwives will help address workload issues and demands compromising patient care.	Work with RNANT/NU to implement a process for existing nurses to challenge the nurse practitioner exams. System wide plans underway for the introduction of NP's and midwives.	December 2006 May 2006 for inclusion in 2007-10 business plan cycle.	**TIS** Authorities DHR RNANT/NU **TIS** Authorities
3.2 Reduce surgical wait times.	Northern residents expect and deserve to receive surgical procedures to the same standards as are being established in the rest of Canada. All jurisdictions have set benchmarks for the receipt of services in five key areas (sight restoration, cancer treatment, joint replacements and heart	Provide surgical wait times Information on Stanton's website Establish multi-year targets for reducing wait times. Undertake initiatives to reduce wait times and increased availability of	September 2006 December 2007	STHA STHA **STHA** **BDHSSA**

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	surgery).	operating room time - continue to increase volume of cases from existing ORs - invest strategically in surgical tools, equipment and prosthetics.	2006, ongoing 2007/08	
3.3 Expand diagnosis capabilities.	Provide more modern equipment and training to providers to improve treatment/diagnosis at the community, regional and territorial level.	Basic radiology training program for health center staff offered every two years. Bone densitometry program initiated. With Canada Health Infoway, plan to invest in Picture Archiving Communications system for radiology.	Beginning 2007 November 2006 August 2006	**TIS** FS Authorities STHA STHA TIS
3.4 Improve the care of patients through coordinated discharge planning.	Need to ensure that NWT patients are repatriated to their home communities or to an NWT health care center where their needs can be met.	Implement a revised discharge planning system between the NWT and the Capital Health Region in Alberta Improve the discharge management process for patients being discharged from NWT hospitals to NWT communities	August 2006 December 2006	**STHA** CHA HSA **STHA** **BDHSSA**

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3.5 Incorporate the agreed upon recommendations identified in Reforming Medical Services Report April 2006.	To identify the most efficient and effective models for the delivery of general practitioner and specialist physician services in Yellowknife and Inuvik.	Complete an analysis of physician services in Yellowknife and Inuvik and recommend appropriate models for delivery of GP and Specialist physician services in Yellowknife and Inuvik. Determine the preferred models and incorporate the models into the revised Reforming Facilities & Medical Services Report	November 2006 January 2007	TIS **TIS** Authorities
3.6 Develop a comprehensive renal program for the NWT.	Expanding services to other communities will allow dialysis patients to remain closer to homes / families.	Complete expansion of dialysis to Hay River. Conduct analysis of expansion of service to Ft. Simpson in conjunction with Capital Health Authority. Develop a proposal for a comprehensive renal program	December 2006 implementation November 2006 June 2007	**HRHSSA** STHA STHA **DCHSSA** TIS
3.7 Expand the use of Telehealth.	To integrate sustainable telehealth programs, services and applications that will increase access to services at the community level.	Complete a three-year telehealth strategic plan. Develop project specific proposals to meet target	August 2006 October 2006 October 2007	TIS TIS

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		outcomes identified in the plan, for inclusion in annual business plans	October 2008	
3.8 Expand use of Licensed Practical Nurses (LPNs) as much as possible in support of ISDM.	Expanded utilization of LPNs would allow nurses and NPs to focus their time on higher level patient needs.	Review and revision of LPNs Scope of Practice. Complete system wide plans to expand the role of LPNs into HSS system. Revisions to Aurora College LPN training program. Offer a revised training program	December 2006 May 2007 April 2007 September 2007	**TIS** Authorities TIS **TIS** AC DHR TIS **AC** DHR
3.9 Support for ambulance services in communities.	Government needs a consistent approach to its ambulance services.	Interdepartmental review and consultation of issues with ambulance providers Multi-year Plan.	November 2006 December 2006	PLC PLC
3.10 Expand on the incorporation of traditional health practices into the health system, especially hospitals.	Recognize and learn from traditional health practices and incorporate these with modern health care.	Strategy to be implemented at Stanton in conjunction with Aboriginal groups at Stanton. Development of a plan to expand services to other authorities / facilities.	April 2006 April 2007	STHA Authorities
3.11 Review and evaluate	By CRTC ruling the 811	Interim evaluation 811	December 2006	TIS

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the Telecare program 1-888 call line.	number has been reserved for access to non-emergency health triage services. An assessment of the impact of switching to 811 for Telecare NWT and on using 811 as a portal to route callers to various NGO phone lines is required.	feasibility study		
4. Rehabilitation Services				
4.1 Increase access to rehabilitation teams to service an increasing number of communities.	Improve the timelines/ frequency of physio, occupational, audiology and speech language services to NWT residents.	Create four rehab teams in NWT (permanently). This will also include the incorporation of rehab aides in the staffing mix, where appropriate.	Begin implementation in 2006/07 & continue following two years.	TIS
4.2 Improve community capacity to support rehabilitation services.	There is a need to ensure that assessments and recommendations made by expanded rehabilitation teams can be followed up at the community level.	Develop a training program for rehabilitation aides.	April 2008	**TIS** ECE AC CFS
5. Continuing Care Services				
5.1 Expand services for adults and elderly	People with disabilities require home care services,	Review and evaluate home care services –		TIS

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requiring special services in areas such as: Long term care/Dementia Rehabilitation Home Care Home Support	access to LTC and dementia care. Also homecare services across the NWT have gaps in service levels for the elderly.	RFP Report Complete renovations of LTC facilities in Ft. Smith, Ft. Simpson, Hay River, Behchoko. Support planning of YACCS dementia facility. Complete a review of LTC rates.	September 2006 December 2006 March 2008 2007-08 June 2006	 **TIS** FS Authorities TIS TIS
5.2 Expand services for identified target groups.	Improved services in conjunction with other Social Envelope Departments for seniors, persons with disabilities, and victims of family violence. Increasing support for people with disabilities.	Implementation of Seniors Action Plan and the Disability Action Plan Multi-year funding agreements that to the extent possible consolidate individual contribution agreements.	Ongoing, as outlined in individual action plans April 30, 2006 and ongoing	**TIS** Authorities Divisions and Authorities
5.3 Developing supported living options for people with disabilities or mental illness(e.g. FASD, mental illness) and developing respite programs for parents with difficult-to-manage children.	To prevent long term institutional placement, people living with disabilities or mental illness require supported living environments.	Pilot supported living enhancements Develop implementation plan	March 2007 June 2007	**TIS** Authorities **TIS** Authorities

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6. Mental Health and Addiction Services				
6.1 Implement community-based prevention, treatment and counseling for addictions and mental health, including the following initiatives:	A community-based approach to address addictions and mental health issues allows services to be provided closer to where clients live.			
(a) Continue to work on increasing the skill level of staff working in the mental health and addictions fields;		Next Steps work plan	November 2006	TIS
(b) Develop next steps in the implementation of year 3 of the strategy, including initiatives to support increased treatment services through Natsejeke, the Salvation Army and mobile treatment and on-the-land programs.	There is a need to develop additional treatment options including mobile treatment and on-the-land programs, especially for youth.	Stakeholder consultations Implementation Plan	November 2006 June 2007	TIS TIS
(c) NWT addictions awareness campaign;		Preliminary analysis of Communication Plan with recommendations on approaches for a mass media campaign RFP to design campaign	June 2006 September 2006 – March	TIS TIS

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b) Children and youth mental health promotion;		start up, pretest materials and modular roll out Development and implementation of awareness campaign. Implement four programs : 1)Friends for Life Resiliency Training 2)Youth Net 3) Talking About Mental Illness 4) SAFETEEN Evaluation Community consultation and research on additional mental health promotion programs	2007 Late 2007, continuing through 2008/09 June 2006 – March 2007 March 2007 September 2007 – June 2008	**TIS** CFS **TIS** **TIS**
7. System-Wide Management and Accountability				
7.1 Lay out the change management strategies and actions required to bring ISDM into full implementation.	More coordinated and focused approach to implementation is required.	Develop long term work plan for ISDM focusing on the 6 core functions and change mgmt process required to complete implementation	August 2007	ADM
7.2 Clarify roles and responsibilities among the	Continue working to delineate the various roles	Develop an Issues Paper identifying where roles	March 2007	**PAR** JSMC

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Department, HSS Authorities and NGOs.	and responsibilities across the NWT health care system	and accountabilities overlap and where there may be gaps in responsibilities		
7.3 Implement coordinated inter-jurisdictional agreements.	There needs to be a mechanism to ensure that inter-jurisdictional agreements are undertaken in a consistent manner across the HSS system.	Inventory of all authority contracts with other jurisdictions and community governments. Recommendations for Departmental sign off on interjurisdictional contracts.	October 2006 Ministerial Directive December 2006	FS FS
7.4 Complete the operational reviews of all program and service delivery by the Authorities and the Department that were initiated in 2005-2006.	More consistent monitoring of program delivery and administration.	Complete operational reviews in all authorities and the Department over the next 2 years and conduct reviews on an ongoing 2-year cycle. Develop action plans to implement the recommendations from completed reviews in Inuvik, Fort Smith and Hay River. Expand the current accreditation processing to encompass social programs, integrate the accreditation process with	Conduct a review of one authority and department in 2006/07. Complete 1st round of reviews for remaining authorities in 2007/08 Inuvik – June 2006 Fort Smith – July 2006 Hay River – July 2006 Discussion Paper – October 2006	**PAR** FS Authorities BDHSSA FSHSSA HRHSSA **YHSSA** PLC PAR

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		the operational review process, and expand to include risk management approaches.		
7.5 Complete the analysis of hospital utilization, occupancy and benchmarks initiated in 2005-2006.	To assess all four hospitals to define where services are most appropriately provided and determine the required levels of health care professional support required.	Revise the report based on feedback received from the consultation process and incorporate the work of the Reforming Medical Services report on the delivery of physician services. Adopt the Facility Medical services model and benchmarks Develop an implementation plan	September 2006 December 2006 February 2007	TIS **TIS** Authorities TIS
7.6 Develop a funding model that provides equitable allocations to all HSS Authorities.	Funding to Authorities has been based upon historic costs as opposed to funds needed to deliver prescribed services, and has resulted in some inequities.	Recommended Model Implementation Plan Implementation	November 2006 November 2006 April 2007	FS FS FS
7.6 Complete the Supplementary Health Benefits review.	Current programs are out of date and complex to administer in a consistent manner. A small portion of population has no access to	Review of benefit programs for Non-Aboriginal northerners Recommendations for future directions	August 2006 November 2006	PLC HSA

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	supplementary benefits. Consistent demands, increasing benefits, expanded coverage as well as expectations for medical travel assistance for escorts are driving the system.			
7.7 Undertake a system wide review of the medical travel function.	The geography of the NWT requires that many residents leave their home communities to access health care services. Over the past few years there have been many changes and improvements in the Medical Travel system. However the system is still challenged in providing effective and efficient services. In particular the regularly scheduled travel services, approval of non-medical escorts services and issues with overall administration of the service remain as concerns for northern residents.	Undertake a functional review, with a particular emphasis on the regular scheduled medical travel services. Implement system wide changes to the functional aspects of the medical travel service.	October 2006 January 2007	PAR **STHA** STHA
7.8 Continue the development of electronic health records and other information systems in support of the delivery of	Patient information currently resides in a number of separate record systems and databases making it difficult for physicians to access a	Pilot EHR program	March 2007	IC **IS**

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health and social programs.	complete patient record. The EHR brings information together to improve patient care.			
7.9 Coordination of department's involvement in the Mackenzie Gas Project – SEA negotiations, JRP hearings, and monitoring impacts.	The MGP will increase the pressure on the health and social service system staff and resources and NWT residents. The government must work with industry to jointly mitigate impacts.	Participate in Socio Economic agreement negotiations & Joint Review Panel review processes Implement mitigation measures to offset expected and unanticipated impacts	SEA negotiations April 2006, ongoing JRP hearings October 2006 2008 forward	PAR Authorities
7.10 Approve a legislative agenda for 2006/07 and for a new government (2008-11).	Legislation is required for the following Acts for: -A new Public Health Act -Amendments to Child and Family Services Act -Pharmacy Act -Change of Name Act Other legislation that may be considered (2008 –11) include -Health Professions Act -ATIPP amendments for Health Information -Social Work Profession Act.	Legislation approved. Establish priority legislation for the 16th Assembly.	First three Acts approved by summer 2007 Drafting of the Change of Name act underway by September 2007 and ready for consideration by the 16th assembly 2008-2010	PLC PLC
7.11 Encourage the Federal government to	The Federal Government caps its grant funding for the	Negotiate a fair reimbursement agreement	November 2007	**FS** TIS

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continue to work towards improving the health of Aboriginal northerners.	provision of hospital and physician services to First Nations and Inuit. The GNWT expends far more to provide these services then is received from the Federal Government.	that keeps up with service cost increases.		
8. Human Resources				
8.1 Update the system-wide Retention & Recruitment Plan for the NWT's Allied Health Care Professionals, Nurses and Social Workers 2002. This includes but is not limited to developing a comprehensive training plan for health and social sevice professionals in collaboration with Aurora College.	The NWT faces the same challenges as the rest of Canada in recruiting professional staff and retaining existing staff. The competition to hire and retain health and social services professionals is intense and requires a focused and determined effort.	Update to the 2002 Retention & Recruitment Plan will be developed. Aurora College, the DHSS and the 8 H&SS Authorities will implement a coordinated training plan for training Nurses, Social Workers & Allied Health Professionals identify opportunities for existing health and social service professionals to develop continuing competencies and meet operational needs.	June 2006 December 2006	DHR ADM
8.2 Update strategy for recruitment and retention of Community Health Nurses.	Address high turnover of nursing staff in smaller community health centers. Adjust PDI to better support	Establish authority based nursing pools to rotate nurses to health centers. New PDI grid	March 2007 August 2006	DHR Authorities DHR

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	staff.	Expand CHN Development Program Implementation (from 4 – 10 communities).	April 2007	DHR
8.3 Continue to develop a physician recruitment and retention strategy.	There are continuing challenges in recruiting and retaining physicians, and the recommendations from the Archibald report need to be implemented.	Completion of a physician recruitment and retention action plan	October 2006	**DHR** TIS
8.3 Improve Community Health Representatives (CHRs) training.	CHRs provide valuable, ongoing resource in NWT communities, and they need to be provided with continuing training to expand their skill sets.	Training programs for CHRs to expand their abilities. Utilization of retired CHRs to pass along their experience and knowledge.	April 2006, ongoing April 2006, ongoing (as part of training)	PH PH
8.4 Revitalize public interest and marketability of the social work profession in the north.	The social work program has suffered from low enrollment numbers for the past several years. This has resulted in low numbers of northern residents pursuing social work as a career, which has created recruitment and retention challenges.	New and revamped program curriculum and delivery model Marketing and promotion plan Increased enrollment and increased number of graduates	November 2007 November 2007 2008 forward	**CFS** DHR Aurora College

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TIS (Territorial Integrated Services)
FS (Financial Services)
DHR (Department of Human Resources)
CFS (Child Family Services
PH (Population Health)
PLC (Policy Legislation and Communications)
CGs (Community Governments)
IS (Information Systems)
PAR (Planning Accountability and Reporting)
DCHSSA (Dehcho HSS Authority)
FSHSSA (Fort Smith HSS Authority)
MACA (Municipal and Community Affairs)
ECE (Education, Culture and Employment)
FMBS (Financial Management Board Secretariat)
ENR (Energy and Natural Resources)
RNANT NU (Registered Nursing Association of NT/Nunavut)
STHA (Stanton Territorial Health Authority)
PWS (Public Works and Services)
NTHC (NWT Housing Corporation)
YHSSA (Yellowknife HSS Authority)
BDHSSA (Beaufort-Delta HSS Authority)
HRHSSA (Hay River HSS Authority)